Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Tulare County Republican Central Committee (State Acct.)			02/14/2019	Date Stamp	CALIFORNIA 497	
IBER	I.D. NUMBER (if applicable) 742005	Report No.	295		For Official Use Only	
STREET ADDRESS				Page 1 of 2		
	STATE ZIP CODE CA 93291-6168		2			
on(s) Received						
FULL NAMI	E, MAILING ADDRESS AND ZIP CODE OF CONTI	CONTRIBUTOR CODE *			AMOUNT RECEIVED	
Friends of Mike Boudreaux Tulare, CA 93274-3324	For Sheriff 2018		☐ IND ■ COM □ OTH □ PTY			\$1,500.00
ID# 1361520			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC ☐ IND			
			OTH PTY SCC			
	on(s) Received FULL NAM Friends of Mike Boudreaux Tulare, CA 93274-3324	BER I.D. NUMBER (if applicable) 742005 STATE ZIP CODE CA 93291-6168 On(s) Received FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTI (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Friends of Mike Boudreaux For Sheriff 2018 Tulare, CA 93274-3324	BER I.D. NUMBER (if applicable) 742005 Report No Amendme to Report No (explain below) No. of Pages On(s) Received FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Friends of Mike Boudreaux For Sheriff 2018 Tulare, CA 93274-3324	Central Committee (State Acct.)	This Filing	This Filing 02/14/2019 BER LD. NUMBER (# applicable) Report No. 295 Amendment to Report No. Gespian below) No. of Pages 2 On(s) Received FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE ENTER OCCUPATION AND EMPLOYER (#F SELF-EMPLOYED, ENTER NAME OF BUSINESS) Friends of Mike Boudreaux For Sheriff 2018 IND COM OTH PTY D# 1361520 IND OTH PTY D# 1361520 IND OTH PTY OT

IND - Individual PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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STREET ADDRESS				Amendment to Report No (explain below)		Page 2 of 2		
CITY Visalia	STATE ZIP CODE (explain below) CA 93291-6168 No. of Pages 2				2			
Late Contrib	oution(s) Made							
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION		AMOUNT O CONTRIBUTIO		

Reason for Amendment:

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